

Ethics in psychiatry – the patient's freedom and bondage

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Author's abstract

Ethics is defined as the realm of the 'ought', the realm of conscience which postulates that Man has the freedom to carry out what he judges to be morally right. By such acts he realises his freedom of making himself into a truer, more authentic person than he was before. A libertarian psychotherapy, based on this ethic, is outlined.

Medical science (as all science) belongs to the realm of the 'is' and postulates that the phenomena which it studies follow a necessary course. It is therefore deterministic.

In psychiatry, allowance is made for a neurological determinism in cases in which personal freedom has been diminished or abolished by mental illness, but the determinisms of behaviour therapy and of psycho-analysis are rejected by the author.

The freedom to choose and make oneself has been the passionate concern of a group of philosophers, known as *existentialists*, Karl Jaspers being one of them. They have articulated contemporary Man's dilemma which numbers amongst its victims many psychiatric patients. To meet their needs, an existential ethic has to be formulated and it is the aim of this paper to do so and to criticise other schools of psychiatry from this point of view.

Personal freedom has a number of facets, each representing a way of transcending one's arbitrariness. Personal freedom is manifest in *creative* activities, evident in work, play, art, in planning, designing and in spontaneous personal expressions. In his relations with his fellow human beings, Man achieves transcendence in *unselfish love*, cherishing the beloved. By making a vital *decision*, by choosing between alternatives and taking responsibility for consequences which at the time of the decision may not be foreseeable, another facet of personal freedom is realised. Finally, by *facing* life and death, by facing fate which is unalterable as in the case of illness and misfortunes of all kinds, Man again proves that he belongs to the realm of existential personal freedom. With all such forms of transcendence, he uses his *awareness*, scrutinising his creative

efforts, intuiting the needs of the beloved, being conscious of the weight of his decisions and courageously aware of the inevitabilities of his destiny.

Conscience provides this awareness and judges the performance that follows from it. It rewards Man with approbation when he has realised his freedom, it punishes him with guilt when he has failed. Guilt is an essential factor, as we have to be reminded of our failure so that we can be truer to ourselves in the future.

Allowance has to be made for variations in the freedom of personal transcendence. Different people have different abilities to transcend their inauthenticity and the same person may experience fluctuations in his or her moral strength during the phases of life. The validity of the libertarian principle is, however, not affected by such changes.

The libertarian ethic must be defended against the onslaught from scientific determinism. Because of the growth and the importance of science in our world, these attacks are most powerful. The existential psychiatrist has to face the threat which may arise from those who consider psychiatry to be a branch of deterministic medical science.

Neurological determinism

A large majority of psychiatrists identify the mind with the brain. By making use of neurophysiology and neuropharmacology they treat the illnesses of the mind with drugs and severe depression with electroconvulsions. Thus they treat the mind via the brain.

The existential psychiatrist admits that the mind and the brain are related and he cannot ignore the possibilities of helping patients on the basis of this relationship. While some people are endowed with stronger moral freedom than others and while the same person may experience variations of his moral stamina during the course of his life, a more drastic concession has to be made in the case of psychiatric practice. For mental illness may seriously diminish or even abolish a person's freedom of transcendence. In such circumstances, the patient must be treated as an object of organically orientated psychiatry which may enable him to regain the freedom to cope with his life. This concession cannot, however, be made when a person is able to make use of his freedom.

Key words

Personal freedom; determinism; psychotherapy; psychiatric ethics.

There is evidence of widespread abuse of psychotropic drugs. W H Trethowan has examined this matter and has found it 'alarming to learn that in only one in about eight cases a tranquillizer [had been] prescribed for some recognizable psychiatric disorder. All the rest seem to be given on account of ill-defined symptoms or in the hope of providing a solution to some personal problem'.

According to Trethowan the use of drugs has brought about the situation envisaged by Aldous Huxley in his *Brave New World* where Soma was the answer to every kind of emotional upset. Now 'hard moral training' is no more required from a person. '... if ever, by some unlucky chance, anything unpleasant should somehow happen, why, there's always Soma [should we call it Valium?] to give you a holiday from the facts. ... Anybody can be virtuous now' (1).

The libertarian position requires that the mind should not be identified with the brain. For brain matter cannot be credited with personal freedom, conscience and responsibility.

Psychiatrists and the general public who accept a neurological determinism as valid for the whole of mental life find support from a school of philosophy which defends the theory that consciousness is a 'brain process' (2) and which sees 'no absurdity in the conception of man as machine'. Even free will is catered for, although not in the sense that it involves taking responsibility and accepting guilt. The 'freedom' of the machine is illustrated by a statement: 'A machine might make use of the information at its disposal to compute what its next move should be. ... [By executing the result of the computation,] such a machine would do something equivalent to deliberation' (3).

This form of neurological determinism has been refuted by D M MacKay. He asks 'what *would* follow if all of our mental activity were rigorously represented by some activity of our brain mechanism, so that no change could take place in what we perceived, thought, believed, etc, without some corresponding change taking place in the state of that mechanism?' In order to ascertain the consequences from the acceptance of such a total cerebral determinism of mental life, MacKay assumes that an outside observer could equip himself with some remote monitoring device which would provide him with all the necessary cerebral data without disturbing the examined subject.

The observer now focuses on the subject's cognitive system which has been completely mapped out in cerebral terms. The observer then asks the subject whether he *believes* in the complete specification of these mechanisms. But the act of believing must count as a new mental element for which no allowance had been made in the cerebral sphere. If such a new element had been introduced in the specification, the result would again have been faulty, if he disbelieved in the complete specification. Thus, MacKay argues that *logically* the determinism that denies free-will and human responsibility is 'bankrupt'. He quotes Sir Karl Popper who has shown that 'even a computing machine of

unlimited capacity would be unable completely to predict the future of a physical system of *which it was* itself a part' (4).

Neurological determinism is thus invalid as a metaphysical dogmatic theory of mental life as a whole. It is, however, valid as a scientific theory which enables an enquirer to gain knowledge of the phenomena that are presented by the nervous system. Validity cannot, however, be conceded to the determinisms claimed by certain other schools of psychiatry.

The determinism of behaviour therapy

Behaviour therapy claims scientific status in psychiatry. 'Behaviourism is the theory of the psyche which is based on the study of behaviour' (5).

But the study of behaviour, as carried out by Charles Taylor, refutes the validity of the isolated stimulus-response notion which is basic to the theory of behaviourism. In contrast to such an 'atomistic' approach (which is characteristic of the physical sciences), higher animals and Man are guided in their behaviour by a purpose (6) which may be finding food or a mate, or, in Man, satisfying the demands of conscience which means that his behaviour then serves the realisation of his personal freedom.

Learning is one of the manifestations of freedom – it is among other things 'an attempt to decipher the meaning of facts ... a response to human creations – literature, institutions, etc. ... In learning Man displays interests which go beyond those determined by his biological or, broadly speaking, natural environment' (7). This creative human activity is reduced by the behaviourist to an automatic involuntary response, 'evoked in temporal contiguity with a given sensory stimulus' (8) and neurotic behaviour is defined as 'any persistent habit of unadaptive behaviour acquired by learning in a physiologically normal organism' (9).

While behaviour therapists claim that they adapt the patient to normal behaviour with their stimuli, the patient's response is in fact unbehaviouristic, not automatic, not robot-like, but consists in a realisation of his personal freedom.

Aversion techniques do not work by breaking the association for instance between drink and pleasure. The painful stimuli are successful only if the patient has already in his 'repertoire' non-drinking behaviour towards which he can direct himself (10) which means that he is guided by his conscience mobilising his freedom to overcome a pernicious dependency.

By exposing phobic patients to dreaded sights, the therapist does not use *desensitisation*. The sensitive, frightened person is not passively relieved of his sensitivity as the allergic person is made insensitive by injections of an allergen. The phobic patient is confronted with a challenge which he is called upon – in his freedom – to meet.

By insisting that the behaviour therapist must show 'warmth, concern and demonstrable responsiveness'

towards his patients (11), the fallacy of the 'objective science' is exposed. Two of the techniques depend exclusively on human relationships which are of course manifestations of personal freedom.

Modelling means that the therapist demonstrates appropriate behaviour to the patient. No stimulus-response pattern is involved but the regard one person feels for another, an expression of freedom.

Operant conditioning consists in rewarding a patient for good, ie healthy behaviour, and for withholding rewards in case of deviant, ie unhealthy behaviour. Here, too, any response is not to an objective stimulus but is based on the bond between the two people. The therapist repeats what parents and teachers have done to children since time immemorial, not as scientific experiments but as an expression of their care, guided by their freedom.

Psycho-analysis

According to Fenichel 'Freud investigated the mental world in the same scientific spirit as his teachers had investigated the physical world' (12). The physical determinism is represented by the dynamics which are said to obtain between: the ego, the representative of the outer world; the id, representing the instinctual unconscious forces, in particular the sexual instinct and aggression which strive for discharge; and the super-ego, called 'conscience', which opposes the instinctual forces.

From the point of view of the existential ethic, the following objections must be raised:

1) Conscience consists of internalised parental and cultural inhibitions to the Freudian, its reign being enforced by fear. The loss of a parent's love and of society's approval in the case of an adult are unbearable. But true conscience, on the other hand, is the voice which judges what is right and wrong and such judgment is independent and may well contradict parental and cultural-social views.

2) Love, a supreme form of personal transcendence, is reduced to sexuality (13).

3) As the emphasis is on gratification of instincts which is pleasurable, psycho-analysis interprets mental life *hedonistically*, teaching that Man's aim in life is always to strive for pleasure. But this interpretation is false, because it ignores striving in accordance with the demands of conscience which is by no means always pleasurable. Even when Freud admits that Man has to face reality which may not be pleasurable but painful, such facing of reality in no way contradicts the hedonistic principle, because according to Freud the ultimate aim of gaining pleasure is only postponed (14).

4) There is an objection in principle to the regression of the adult patient to childhood during analysis. Such practice follows from the alleged need to establish a transference, the therapist becoming an object of love and hate in place of the parent. To the existentialist, this is morally unacceptable because the adult person's freedom is lost by making him into a dependent child.

Freud's great contribution from the point of view of the existential ethic is that he has helped Man to become conscious of his instinctual forces. They pose a *challenge* that must be faced.

An existential psychotherapy

While the Freudian makes the unconscious libido conscious, the existential therapist makes the unconscious conscience conscious, and thus confronts the patient with his freedom. The therapist must not impose his own values on the patient, he has to use his intuition when appealing to the person's inner voice. At the same time, the therapist must remain objective, judging the degree of freedom which a particular person has available and must distinguish a healthy, reliable conscience from one which is unhealthy and unreliable. For instance the depressed patient's feelings of guilt are not genuine guilt, but are symptoms of the depressive illness. Therefore such a patient must not be encouraged to transcend his self, but must be treated as an object of medical science with measures that influence his brain, such as anti-depressant drugs or ECT. Details of a psychotherapy which affirms personal freedom, but which also makes allowance for its limitations have been published elsewhere (15).

Existential psychotherapy can be conducted in groups or individually.

GROUP EXISTENTIAL PSYCHOTHERAPY

For many years I have held weekly meetings with a group consisting of ten to fifteen patients suffering from neurotic and psychotic illnesses. The members of the group elect a chairman and suggest subjects for the programme which is duplicated by the Marlborough Hospital and distributed amongst the patients.

The topics are challenges which are of common interest, and each person is asked in turn to face the issue chosen for the meeting. Others then make their comments on the speaker's experience.

Examples are: 'Is suffering inevitable and if it is, how can we bear it?'; 'Are we right in striving for happiness?'; 'The problem of shyness'; 'Love and hate'; 'Jealousy and envy'; 'Anger and resentment'; 'Coping with physical problems while suffering from emotional troubles'; 'Living with tension'; 'Are you motivated towards finding a better way of living?'; 'Are you escaping from your difficulties by taking drugs or by over-eating?'

The therapist's task consists of encouraging the patients to face the critical situations highlighted by the discussion. By using his knowledge of each patient's emotional problems, he can focus attention on crucial personal problems.

INDIVIDUAL EXISTENTIAL PSYCHOTHERAPY

When the therapist meets an individual patient more profound changes can be expected than are likely to occur in a group setting. The treatment concentrates

on the questions: 'What is my true personality?' 'How is it that I have not realised it?' And 'How can I achieve such realisation?'

The patient may find answers to such questions by giving an account of his earlier and of his present life, becoming aware, as he does so, of the role his parents, teachers and others have played in the formation or malformation of his personality. The emphasis is not on the inevitable cause-effect relationship, but on the challenge of how he can cope now with his life. There are a number of ways to make a person aware of his emotional bondage, of the voice of conscience which tells him to free himself from such bondage, and of the road to greater freedom.

A spontaneous drawing may bring a patient face to face with a picture of his life situation, a dream may be interpreted as a challenge which will have to be met. Confrontation with the unconscious conscience can also be achieved if the patient is put into a state of relaxation with his eyes closed and is then asked to imagine he is in a theatre. On the stage he can play out the drama of his existence, the therapist acting as a producer. Such 'reverie' sessions can also take place at home, the patient reporting on them when he sees the therapist.

The therapist's faith in the existential ethic forms the foundation of the treatment.

The human image

Faith in the ethic of personal freedom is not only essential for the psychiatrist and for his patient: such faith is crucial for all men and women as a safeguard against the view that Man can be reduced to a mechanism, a view which we encountered in the teachings of those who equate the mind with the brain, those who interpret human behaviour in terms of a stimulus-response automatism and those who proclaim an ego/id/super-ego ontology.

By accepting the ethic of personal freedom, Man accepts an image of himself that can sustain him, whereas by accepting cerebral, behaviouristic or libidi-

nal reductions, Man is in danger of losing his bearings. The vital importance of the right image was stressed by Karl Jaspers: 'The image of Man that we hold to be true is itself a factor in our life. It influences our behaviour toward ourselves and others, our vital attitude, and our choice of tasks' (16).

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